IPDR6702 RUN DATE:	05/01/2006		IPR	NORTH CAROLINA S CHECKWRITE SUMMARY REPORT		PA	3E: 1	
				HECKWRITE DATE: 05/02/2006				
	1	1	1	FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	319	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	118	THIS SERVICE IS NOT PAYABLE TO	16	777	902	105
				YOUR SUBMITTED BILLING	10	///	902	125
				PROVIDER TYPE AND SPECIALTY IN				
		191	75	CLIENT ID NUMBER DOES NOT MATC				
			,,,	H PATIENT NAME				
3404904		8505	6730	CLAIM DENIED DUE TO INSUFFICIE				
3404904	WESTERN HIGHLAN DS LME	8303	6730	NT BUDGET				
	DO INI							
		8800	366	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	7225	7441	216
				FUTURE RA'S.				
		0.004						
		8621	ρŢ	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404910	PATHWAYS	8505	2287	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
				NI BUDGEI				
		8800	264	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	2	2657	2984	314
				FUTURE RA'S.				
		11	58	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404912	CATAWBA COUNTYM	8505	190	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800	3	FURTHER PROCESSING NECESSARY,	0	194	203	9
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FOTORE AN 3.				
		11	1	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404913	MECKLENBURG COM	11	7663	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	1187	DETAIL NOT COVERED BY COMBINAT	1359	11485	16851	5366
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8933	1031	ADTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404916	CROSSROADS BEHA	21	557	DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL							
		79	13	THIS SERVICE IS NOT PAYABLE TO	0	501	604	103
				YOUR SUBMITTED BILLING		331	354	103
				PROVIDER TYPE AND SPECIALTY IN				
		120	9	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
-				AS A NEW CLAIM				
3404917	CENTERPOINT HUM	8599	738	DETAIL NOT COVERED BY COMBINAT				
	AN SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8537	273	PROCEDURE IS NOT PAYABLE FOR Y				005-
		0.007		OUR PROVIDER TYPE AND	144	2554	5511	2957
				SPECIALTY IN ACCORDANCE TO MEN				
		0505	216	CLAIM DENIED DUE TO INSUFFICIE				
		8505	216	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		1	1		1		1	

			1	T				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
3404919	GUILFORD CO MEN	8505	647	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	184	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	32	998	1838	840
				FUTURE RA'S.				
		8599	55	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL	8599	645	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	130	AMTNC INELIGIBLE TO RECEIVE SE	201	1392	4713	3321
				RVICES IN IPRS.	201	1392	4/13	3321
							<u> </u>	
		8534	103	SERVICE FACILITY LOCATION IS N				
		-		OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		-						
3404921	ORANGE PERSON C	8505	3530	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
					-			
		8800	1095	FURTHER PROCESSING NECESSARY,				
		8800	1095	PLEASE CHECK FOR CLAIM ON	6	5025	5789	764
				FUTURE RA'S.				
		10	80	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404922	THE DURHAM CENT	21	3612	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		8505	2604	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	2	9008	10770	1762
				NT BUDGET				
		191	1027	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404923	FIVE COUNTY MH	11	202	CLIENT NOT ELIGIBLE ON SERVICE				
	FIVE COUNTY MH			DATE				
		8599	97	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	1	406	3636	3230
		 		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		<u> </u>						
		537	35	PROCEDURE IS NOT COVERED FOR T			<u> </u>	
				HIS DATE OF SERVICE				
3404925	PANDUTITE COMP	8505	3674	CLAIM DENIED DUE TO INSUFFICIE				
	SANDHILLS CENTE R FOR MH/DD			NT BUDGET				
		537	223	PROCEDURE IS NOT COVERED FOR T	47	4377	5521	1144
		-		HIS DATE OF SERVICE				
		1						
		8800	97	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.	-			
3404926	governa g===	5404	836	SEVERE DUPLICATE: SAME ATTD PR				
J-04340	SOUTHEASTERN RE G MENTAL HL	5404	0.0	OV/PCODE/TOS/DOS/MOD				
	G MENTAL HL							
		21	575	DUPLICATE OF CLAIM-SYSTEM	581	3004	5369	2365
		8931	394	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
							<u> </u>	

	1	T				1		l
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS
3404927	CUMBERLAND CO M	8505	1092	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8800	192	FURTHER PROCESSING NECESSARY,	0	1464	2132	668
				PLEASE CHECK FOR CLAIM ON	Ü	1404	2132	000
				FUTURE RA'S.				
		5404	155	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
				OV/FCODE/TOS/DOS/MOD				
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
		0	0		-			
			0		0	0	0	0
3404930	JOHNSTON COUNTY	8505	3021	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC			NT BUDGET				
		0000	204	PUDTUPD DECOPRATING MESSAGERY				
		8800	384	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	1	3407	3407	0
	1	1	1	FUTURE RA'S.				-
				**				
		8599	1	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404021		0505	2110	GLATH DENTED DUE TO THE				
3404931	WAKE CO HUM SVC	8505	2118	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	BILLING OF			NT BODGET				
		8599	273	DETAIL NOT COVERED BY COMBINAT	186	2919	6560	3641
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	119	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404933	SOUTHEASTERN CT	11	33	CLIENT NOT ELIGIBLE ON SERVICE				
	R FOR MH/DD			DATE				
		79	24	THIS SERVICE IS NOT PAYABLE TO	10	98	2563	2465
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	11	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404934	ONSLOW CARTERET	8505	708	CLAIM DENIED DUE TO INSUFFICIE				
	BEHAV HEAL	ļ	1	NT BUDGET				
		1						
		21	371	DUPLICATE OF CLAIM-SYSTEM	7	2033	2926	893
					,	2000	2320	033
		79	227	THIS SERVICE IS NOT PAYABLE TO				
		ļ	1	YOUR SUBMITTED BILLING				
Į.				PROVIDER TYPE AND SPECIALTY IN				
							l .	l
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
3404935		0	0	*** NO DATA TO REPORT ***				
3404935		0	0	*** NO DATA TO REPORT ***	0	0	0	0
3404935		0	0	*** NO DATA TO REPORT ***	0	0	0	0
	HEALTH CTR	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0		0	0	0	0
	HEALTH CTR WILSON-GREENE M	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	CLAIM DENIED DUE TO INSUFFICIE	0	0	0	0
3404935	HEALTH CTR	0	0		0	0	0	0
	HEALTH CTR WILSON-GREENE M	0 0 8505	0	CLAIM DENIED DUE TO INSUFFICIE	0	0	0	0
	HEALTH CTR WILSON-GREENE M	0 0 8505	0 0 333	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT	0	0	1705	1183
	HEALTH CTR WILSON-GREENE M			CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	522	1705	1183
	HEALTH CTR WILSON-GREENE M			CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT	0	522	1705	1183
	HEALTH CTR WILSON-GREENE M	8599	159	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	522	1705	1183
	HEALTH CTR WILSON-GREENE M			CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT DENIE PROVIDER AND BENEFIT FACKAGE. THIS SERVICE IS NOT PAYABLE TO	2	522	1705	1183
	HEALTH CTR WILSON-GREENE M	8599	159	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	522	1705	1183

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	DROUTDRD WANT	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HOULDER	PROVIDER NAME	2020	DENTINE	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404937	EDGECOMBE NASH	21	16	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	20	765	745
				I PERSONAL MANUAL				
		8599	1	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404938	VGFW DBA RIVERS	0	0	*** NO DATA TO REPORT ***				
	TONE COUNSE		_					
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE	8505	333	CLAIM DENIED DUE TO INSUFFICIE				
	ALTH CENTER			NT BUDGET				
		8800	96	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	508	754	246
		+		PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			 	-
							 	
		8599	37	DETAIL NOT COVERED BY COMBINAT			1	
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404941		8599	130	DETAIL NOT COVERED BY COMBINAT			 	
2404241	PITT CO MH/DD/S AS CENTER	0.23	139	ION OF RECIPIENT, PROVIDER AND			 	
	NO CENTER			BENEFIT PACKAGE.			<u> </u>	
		4102	117	YOU ARE ATTEMPTING TO ADJUST A	0	580	2596	2016
				CLAIM THAT IS EITHER NOT				
 				FOUND ON OUR FILE OR IS NOT FO				
		21	104	DUPLICATE OF CLAIM-SYSTEM				
3404942	ROANOKE CHOWANH	8931	11	AMTNC INELIGIBLE TO RECEIVE SE				
 	UMAN SERVIC			RVICES IN IPRS.				
		5404	4	SEVERE DUPLICATE: SAME ATTO PR	14	24	452	428
				OV/PCODE/TOS/DOS/MOD				
		0.005						
 		8935	3	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				AVACAD AN ARMON				
3404943	ALBEMARLE MENTA	8536	300	ATTENDING PROVIDER TYPE AND SP				
	L HEALTH CE			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8599	64	DETAIL NOT COVERED BY COMBINAT	54	457	4044	001
				ION OF RECIPIENT, PROVIDER AND	54	457	1341	884
				BENEFIT PACKAGE.			1	
		8931	36	AMTNC INELIGIBLE TO RECEIVE SE				
<u> </u>		1		RVICES IN IPRS.			 	
		1					 	—
3404944	EASTPOINTE HUMA	79	657	THIS SERVICE IS NOT PAYABLE TO			<u> </u>	
	N SERVICES			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
ļ		24	607	DUDY YOUND OD GLATIN OVOICE.				
l		21	627	DUPLICATE OF CLAIM-SYSTEM	41	2212	2687	475
		-					 	
							 	
		8599	602	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946	<u></u>	11	104	CLIENT NOT ELIGIBLE ON SERVICE			 	
J-04240	FOOTHILLS AREAM	11	194	DATE				
	ENTAL HEALT	1					 	
								t — —
		8505	32	CLAIM DENIED DUE TO INSUFFICIE	0	229	428	199
		8505	32	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	229	428	199
		8505	32		0	229	428	199
			32	NT BUDGET	0	229	428	199
		8505	32	NT BUDGET FURTHER PROCESSING NECESSARY,	0	229	428	199
			32	NT BUDGET	0	229	428	199

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME				DENTALS	DENTALS	FINALIZED	FAID
3404957	TIDELAND MENTAL	8505	115	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		537	110	PROCEDURE IS NOT COVERED FOR T	32	413	2611	2198
				HIS DATE OF SERVICE				
		8599	83	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM	11	70	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		8505	51	CLAIM DENIED DUE TO INSUFFICIE	0	156	358	202
				NT BUDGET				
		8800	26	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.	· ·			1